



**ACH Form  
Request for Banking Information**

This form is used for Automated Clearing House payments. Any vendor or individual requesting payment must include this completed form when submitting a payment requisition.

This form can be securely uploaded to the following link: [NYSSCPA Citrix ShareFile Secure Link](#)

Any questions pertaining to the completion or upload of this form can be directed to: [ap@nysscpa.org](mailto:ap@nysscpa.org).

**Organization Name** \_\_\_\_\_

**Organization Address** \_\_\_\_\_

**Tax ID Number** \_\_\_\_\_

**Bank Name** \_\_\_\_\_

**Name on Bank Account** \_\_\_\_\_

**Account Number** \_\_\_\_\_

**Routing Number (ACH)** \_\_\_\_\_

**E-Mail Address** \_\_\_\_\_

**Telephone Number** \_\_\_\_\_

**Your Signature** \_\_\_\_\_

**Print Name** \_\_\_\_\_

**Title** \_\_\_\_\_

**Date** \_\_\_\_\_